ALABAMA FAIR CAMPAIGN PRACTICES ACT

CANDIDATE / ELECTED OFFICIAL PRE-ELECTION REPORT

SUMMARY FORM 1

	Please Print in Ink or Type.								
Na	me of Candidate or Elected Official	Political Party	/Ballot	Affiliation		pe of Elec eck one)	tion	Ele	ection Date
						Primary I	Election	ı	
Off	rice Sought or Held (include district or circuit number, if applicable)	1				Primary I	Runoff		
						General	Election	1	
Add	dress Check box if reporting new address					Special E	lection		
					Ту	pe of Rep	ort (che	ck one)	
City	y State ZIP Code	Telephone Nu	ımber			10-5 Day	Pre-El	ection Rep	oort
								tion Repo	
								lection Re	
						WHICH TYPE O	F REPORT	IS BEING AMEN	DED
S	ummary of activity since last filed report	***							
1	Beginning balance (ending balance from previous	ous filing)	_				1		
-	Cash Contributions						_		
	Itemized cash contributions (total from Form 2)		2a						
2b	Non-itemized cash contributions		2b						
2c	Total cash contributions (add lines 2a and 2b)						2c		
	In-Kind Contributions						_		
3a	Itemized in-kind contributions (total from Form	3)	3a						
3b	Non-itemized in-kind contributions		3b						
3c	Total in-kind contributions (add lines 3a and 3b	o)	3c						
	Receipts from Other Sources								
4	Total receipts from other sources (total from Fo	orm 4)					4		
	Expenditures								
5a	Itemized expenditures (total from Form 5)		5a						
5b	Non-itemized expenditures		5b						
5c	Total expenditures (add lines 5a and 5b)						5c		
6	Ending balance (add lines 1, 2c, & 4, then subtra	act line 5c)	-				6		
_	<u>, </u>	,							
Swo	orn to and subscribed before me this day								Practices Act, I
	of the year My commission								ge and belief that ained herein are
the	day of of the year		true	and correc	ct an	d that this	informa	ation is a f	ull and complete
						ntributions, he applica			nd other required
				adon adı	g t	о арріюа	olo poli	iou or time	·•
Sign	nature of Notary Public								
1		1	Signa	ature of Car	ndidat	e or Elected	Official		Date
Prin	t Notary's Name							FOR	M REVISED 12.10.99

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

The FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.	NAME OF CANDIDATE / ELECTED OFFICIAL:
າd 4 for th	PAGE
ose listings.	OF

FORM REVISED 10.29.99 (INCLUDE FULL NAME) CONTRIBUTOR ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL CASH CONTRIBUTIONS THIS PAGE Business or SOURCE OF CONTRIBUTION Corporation Individual (CHECK ONE) PAC Other Returned CONTRIBUTION **RECEIVED** (mo./day/yr.) DATE CONTRIBUTION AMOUNT

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: PAGE

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (ADDRESS (ADDRESS SHOULD INCLUDE (ACTIVE ON ZEP) Administrative Advertising Equipment Advertising Equipment Food Rect Dep Do Box CITY, STATE, AND ZEP) Administrative Advertising Equipment Food Rect Dep Do Box CITY, STATE, AND ZEP) Administrative Advertising Equipment Food (mo.dayyyr.) Administrative (controllar) OF Rect Dep Do Box CITY, STATE, AND ZEP) (mo.dayyyr.) Administrative (controllar) OF Rect Dep Do Box CITY, STATE, AND ZEP) (mo.dayyyr.) Administrative (mo.dayyr.) Administrative (mo	AGE	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	 	SN	OITIO	IBU	TR	Ö	ID C	Ì	Z		,TC	7	TOTAL IN	FORM REVISED 10.29.99
ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Administrative Advertising Consultants/ Polling Equipment Food Rent Transportation Other Susiness/a Corporation Individual PAG Other (mo/dayyyr.)																
ADDRESS (ADDRESS SHOULD INCLUDE STATE, AND ZIP) Administrative Advertising Equipment Food Rent Transportation Individual PAC Other (mo./day/yr.) DATE (CHECK ONE) CHECK ONE) DATE (CHECK ONE) DATE (CHECK ONE) CHECK ONE) DATE (CHECK ONE) DATE (CHECK ONE) CHECK ONE																
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ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Advertising Equipment Food Rent Transportation Other Business/ Corporation Individual PAC Other (mo./day/yr.)																
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ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Advertising Equipment Food Rent Transportation Other BCorporation Individual PAC Other (mo./day/yr.)																
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NATURE OF CONTRIBUTION SOURCE (CHECK ONE)				PAC	1	Business/						Consultants/	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	CONTRIBUTOR (INCLUDE FULL NAME)
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ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

Name of Candidate / Elected Official: _

PAGE _____OF

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

	П	AGI	SP	ᆂ	S	EIPT	TOTAL RECEIPTS THIS PAGE					ORM REVISED 10.29.99
AMOUN I OF RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
	! 		RECEIPT SOURCE (CHECK ONE)	CEIPT SOUR	(인 ECE	 R	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	IPT	FORM RECE	FORM OF RECEIPT		

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL:

PAGE _____OF _

The FCPA requires that expenditures over \$100 be itemized.

	AGE	EXPENDITURES THIS PAGE		Ĕ	E E	Į ₽	TOTAL					FORM REVISED 10.29.99
							+					
					+	+	+		+			
								-				
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Contribution Food	Polling	Advertising Consultants/	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE]	PURPOSE OF EXPENDITURE (CHECK ONE)	OF E	OSE	PURI	$\left \begin{array}{c} \cdot \\ \cdot \end{array} \right $				